

2026 Personal Data Form for Club Trips

Required for all township-sponsored senior trips. This form (one per person) must be updated annually or if there are any changes to medical history. **PRINT CLEARLY - MUST COMPLETE BOTH SIDES OF THIS FORM**

Personal Information

NAME: Last, First

HOME ADDRESS: Street

City/Town, State, Zip

PHONE: Home / Cell

EMAIL ADDRESS:

Emergency Contact Information

Primary Emergency Contact

Contact's Phone Number

Contact's Address

Relationship to Traveler

Alternate Emergency Contact

Alternate's Phone Number

Alternate's Address

Relationship to Traveler

Medical Information

Physician's Name

Physician's Phone Number

Medical Insurance Carrier

Known Medical Conditions

Known Allergies

Current Medications

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The undersigned participant has provided the required information and affirms its accuracy and completeness. It is understood that it is the sole responsibility of the participant to ensure that updated information is provided to the trip coordinators should any of the details change over the course of the year.

It is understood that I (the participant) will not hold the Township of Plainsboro, its employees or volunteers, Plainsboro Senior Citizens Club thereof, responsible for any injury or illness which may occur during my participation in any trip related activity sponsored by the Township of Plainsboro or the Plainsboro Senior Citizens Club.

Date: _____

Signature: _____

NOTE

If an emergency exists during a trip, please dial 9-1-1 and contact your group leader immediately. Emergency contacts listed must be accessible during trips. It is strongly recommended that participants advise emergency contacts that they will be called should you experience a personal emergency while participating on a trip sponsored by, or in conjunction with, Plainsboro Township.

Only one person may be listed on a form. Additional forms are available from the Plainsboro Recreation & Community Services Department as well as the Senior Trip Coordinator. All forms must be returned prior to participating on a trip and will remain valid until the next calendar year. We recommend that you keep a copy for your file.

RETURN FORM TO: PLAINSBORO RECREATION AND COMMUNITY SERVICES
641 Plainsboro Road
Plainsboro, NJ08536